

meetings a year, to which the general public shall be invited and which may or may not include speakers not medical men. In our opinion programs of this character should have the approval of the State program committee before being given;

(e) That the county program committees should seriously consider, at least in small counties, variations in the location of the meeting place, using different towns in the county for different meetings, and often in smaller places holding the meetings at the residences of individual members;

(f) Joint meeting of more than one society. This body approves as good policy an occasional joint meeting between small groups of constituent societies suitably located for this purpose. Programs at these meetings may be held either by one society, with the other societies as guests, or arrangements may be made for a combined program in which each of the societies of the group shall be interested;

(g) That the program committee of the State Society, under the chairmanship of the secretary, be used as a clearing house for all program work of constituent societies throughout the State; that it be interpreted to be a duty of the State and local secretaries to confer by correspondence or otherwise in making plans for advance programs; and that each constituent society have a list of programs as far as possible in advance of the meetings.

7. Extension Work of the State Society:

RESOLVED, That this body endorses and approves the idea of the State Society's developing and maintaining an extension program that will provide a list of available subjects and speakers, from which local program committees may select and extend invitations as they desire.

RESOLVED, That we urge and recommend that this extension program be expanded to include clinics, lectures, research work, etc., in the larger centers, this program to be arranged in short all-day courses of from one to four weeks each, beginning and ending upon definite dates.

8. County Editors:

RESOLVED, That this body recommend to the Council: that the present system of county associate editors for the State Journal be discontinued, and that instead the secretary of each constituent society ex-officio act as editor for his county or district.

The next semi-annual meeting of this official body will be held during the State Meeting in Yosemite next May.

The secretary of the State Society invites correspondence on matters which should be taken up at these meetings. Any local society that has a question it wishes discussed may refer it to the office of the State secretary, and it will be placed in the files for the next succeeding meeting.

COUNCIL OF THE STATE SOCIETY

(Abstract of the Minutes of the 127th and 128th Meetings)

Dr. Joseph Catton was sent by the Council to represent the California State Society at the Nevada State Society's annual meeting. The Nevada State Medical Society House of Delegates passed a resolution making the California State Journal of Medicine the official organ of the Nevada State Medical Society, and also passed a resolution appointing a small committee with power to act, further extending relations between the California and Nevada Societies.

Dr. Alfred C. Reed represented the California State Society at the annual meeting of the Utah State Society in Salt Lake. Dr. Reed received a most cordial reception in Utah, and the House of Delegates took actions which will be for the betterment of medicine in the western States.

Membership Card: The secretary presented a design for a membership card, which was adopted, and the secretary was instructed to furnish one of these cards to every new member and to every member annually as his dues are paid, this card to be considered the official notice of membership in good standing for the current year.

The Council approved the policy of requesting the League for the Conservation of Public Health to issue a uniform system of clinical and other record forms for hospitals throughout the State. Two forms, that of anesthesiology and operating-room record form, were specifically approved and recommended to the League for introduction into hospitals with the endorsement of the State Society.

Medical Histories of Various Counties of California: The Council endorsed a suggestion to various constituent societies that a profitable meeting devoted to discussion of the subject of the medical history of each county might be held during the coming year. It was suggested that discussion at this meeting should note by name and brief biographical history the medical men who have contributed to the advancement of medicine, public health and social betterment in the county and who have passed away; lives of living men, except those who have entirely retired from practice, not to be included in the biographies. The meeting should bring out the story of the progress of the practice of medicine and public health, social betterment and health influences in the advancement of civilization of the county from early days until the present. Facts brought out at these discussions might very well be written up and forwarded to the State secretary for compilation and use, at least in part, in some editorial way. The complete record ought to form part of the archives of the medical profession of this State. It is believed by the Council that a meeting of this character could be made both interesting and instructive to members of the medical profession and the public, each organization to decide for itself the advisability of having these open meetings and inviting the public to be present. It might be well to have on these programs certain prominent persons of the community interested in recording the medical and public health history of their communities and who themselves are not physicians.

Nursing Situation: The Council approved the suggestion that the secretary call the attention of various constituent societies to the importance of arousing interest in the nursing profession and in schools of nursing. It was suggested that one meeting, which should be an open meeting with the public invited, be arranged for discussing the nursing situation in each county of the State. That meeting should bring out the needs for applicants to fill the ranks of this profession, its advantages as a career for women, and it should be an appeal to young women prepared to do so to take up this profession.

Shepherd-Towner Bill: Correspondence and documents regarding the Shepherd-Towner bill having been brought to the attention of the Council, after due discussion the following resolution was unanimously passed:

RESOLVED, That the medical profession of California endorses the stand taken quite generally by the medical profession throughout the country with reference to the Shepherd-Towner bill. The need of better maternity opportunities, as well as the need for better medicine and better public health opportunities in general, is fully realized by the medical profession, who are duly sympathetic and vitally interested in bettering these conditions. However, they are most positively opposed to the method proposed or to any other method that is based upon varying forms of social health insurance, of which the Shepherd-Towner bill is one. Therefore, the publication of any literature endorsing this bill directly or indirectly does not meet with the approval of the Council;

RESOLVED FURTHER, That the editor of the Journal be instructed not only to refuse publication of any matter favoring health insurance or State medicine or similar activities, but whenever or wherever it may be done judiciously the editorial columns of the Journal are to be used against any or all such movements.

Provisions for Retirement: The following resolution was presented to the Council:

RESOLVED, That the State Society approves a policy of making provision in its constitution and by-laws for retired members;

RESOLVED FURTHER, That it be suggested to the Councils of the various constituent societies that they consider this matter for their own organizations. It is recommended that retirement be permitted for any physician who is no longer engaged in the practice of medicine or in income-producing effort in any medical or public health field, under such conditions as any local society may approve, the retired member to pay \$1.00 a year to his local organization and \$1.00 a year to the State organization: Provided, that such retired member has been continuously for the period of two years next preceding his retirement a member in good standing in his local society. For this small amount he is to be continued during life as a retired member in good standing, entitled to all of the privileges of active members, except legal defense, and subject to the same discipline.

The Council approved the policy laid down in this resolution and recommended that it be considered by the Councils of various constituent societies and submitted for their joint action at the meeting of the Council with the officers of constituent societies to be held in Yosemite next May.

About Advertising: The Council passed unanimously a resolution as follows:

RESOLVED, That no advertising matter from physicians offering their professional services shall be printed in the Journal except from a member or members of a State medical society in good standing, or one who has made application for membership and whose application is still pending.

Indemnity Defense Fund: Discussion was had as to the present condition of the Indemnity Defense Fund and as to what steps could be taken to bring the existence of the fund and the advantages of becoming a member to those doctors who have not already joined the same. Discussion also included consideration of the limited number of commercial companies now in this field and the advantages of perfecting the society's own defense without reference to any outside insurance. Pursuant to the desirability expressed above of increasing the membership in the Indemnity Defense Fund and bringing the advantages of becoming a member to all doctors who have not joined, it was voted that a one-half page of the advertising columns of the Journal be placed at the disposition of the Indemnity Defense Fund each month for such copy as the attorney should see fit to use in it.

Extension Work

Extension work of the State Society was discussed editorially in the August issue of the Journal. The subject was given consideration at the recent semi-annual meeting of state and county society officers. Those interested in the problem should read the resolutions published in the proceedings of this semi-annual meeting in the November issue of the Journal, page 448.

The following list of speakers and their subjects has been completed. Others will be added to the list and published from time to time.

Societies may invite any of these speakers directly or they may send their requests to the State Secretary.

Alfred C. Reed, M. D.,

350 Post Street, San Francisco.

1. Heart Disease in Everyday Practice.
2. Diagnosis and Treatment of Amebic Colitis.
3. Vitamines and Food Deficiency Diseases.

Eugene S. Kilgore, M. D.,

391 Sutter Street, San Francisco.

1. Irregularities of the Heart:

A brief discussion of the seven most common cardiac arrhythmias (sinus arrhythmia, heart block, extra-systoles, paroxysmal tachycardia, flutter, fibrillation, and alternating pulse). Special emphasis is placed upon the clinical bearing of these irregularities as they affect prognosis and treatment; also upon simple ways of recognizing them without special instruments.

2. The Treatment of Infections of the Heart and Aorta:

Bacterial infections are often insidious and overlooked during active stage, when rest and not digitalis is needed. Presence or absence of systolic murmurs often misleading. During healed or quiescent stage of endo-, myo- or pericarditis are problems, which vary greatly in different cases, of adjusting load to preserve compensation. During decompensation beware of reinfection. Means of lessening the heart's work and helping it meet minimal requirements. Newer suggestions in use of digitalis and quinidine. In syphilitic infections intensive and long-continued anti-luetic treatment is essential, but the greatest difficulty lies in sufficiently early diagnosis. Diversity of early symptoms. Aid from suitable X-rays.

3. The Handling of Hypertension Cases:

Prophylaxis involves heredity, infections, and strenuous living. Importance and difficulty of early recognition. Experience with college students. Futility of late eradication of focal infections.

Fully developed cases may, to slight extent, avoid the hazard of apoplexy, may be safeguarded somewhat against renal failure, but can accomplish most in prolonging circulatory efficiency. Disappointment in pressure-lowering drugs. Use of digitalis. Value of regimen and schooling, especially to avoid heart "bumping." Blood-letting. Treatment of acute decompensation.

H. Lissner, M. D.,

240 Stockton Street, San Francisco.

- I—The More Important Diseases of Ductless Glands; Their Clinical Signs and Symptoms. (Illustrated by lantern slides.)

- (a) Thyroid—

- (1) Exophthalmic goiter.
- (2) Toxic adenoma.
- (3) Myxedema.
- (4) Sporadic cretinism.

- (b) Pituitary—

- (1) Gigantism.
- (2) Acromegaly.
- (3) Infantilism.
- (4) Dystrophia adiposa-genitalis.

- II—The Less Well Known Diseases of Ductless Glands.

- (a) Parathyroid—

- (1) Tetany.

- (b) Adrenal—

- (1) Addison's disease.
- (2) Pseudohermaphroditism.
- (3) Precocious sexuality.

- (c) Pineal—

- (1) Precocious sexual development.

- (d) Thymus—

- (1) Status thymus-lymphaticus.

- (e) Testicles—

- (1) Eunuchoidism.

- (f) Ovaries—

- (1) Menstrual disturbances.